Intermittent Fever

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Joseph Browne
(Arch S: 213) Wescott
8th & 9th

No 17 - Oct 25

Joseph Browne

Admitted March 6th 1820

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Of Intermittent Fever.

Authors define intermittent fever to be composed of many paroxysms of febrile action, with intervals of total cessation of that action. Dr. Chapman classes this fever among the diseases of the circulatory system. "That space of time comprehended between the termination of one paroxysm and the commencement of another, is the intermission, and is termed the Apyrexia, in contradistinction to the time occupied by the febrile action, denominated Pyrexia.

"From the regular series of appearances which take place in a paroxysm of this fever is derived the division into Cold, Hot, and Sweating Stages or Fits. And as Doctor Cullen has given perhaps the most correct history of the different stages of the disease, I will adopt without hesitation his description. "The person is affected first with a languor or sense of debility, a sluggishness in motion and some uneasiness in exerting it, with frequent yawning and stretching. At the same time the face and extremities become pale, the features shrink, the bulk of every external part is diminished, and the skin over the-

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the whole body, appears constricted, as if cold had been applied to it. At the coming on of these symptoms, some coldness of the extremities, though little taken notice of by the patient, may be perceived by another person. At length, the patient himself feels a sensation of cold, commonly first in his back, but from thence passing over the whole body. And now his skin feels warm to another person. The patient's sense of cold increasing, produces a tremor in all his limbs, with frequent successions, or rigors of the trunk of the body. When this sense of cold, and its effects, have continued for some time, they become less violent, and are alternated with warm flushings. By degrees the cold goes off entirely and a heat greater than natural prevails and continues over the whole body. With this heat the colour of the skin returns, and a preternatural redness appears, especially in the face. Whilst the heat and redness comes on, the skin is relaxed and smoothed, but for some time continues dry. The features of the face and other parts of the body, recover their usual size, and become even more turgid. When the heat, redness and

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=and turgescence have increased, and continued for some time, a moisture appears upon the forehead, and by de=grees becomes a sweat, which gradually extends downwards over the whole body. As this sweat continues to flow, the heat of the body abates, the sweat after con=tinuing some time, gradually ceases, the body returns to its usual temperature, and most of the functions are restored to their ordinary state."

In the course of the different stages considerable changes take place in several of the functions, but of these I shall take but little notice. 1st "We observe alterations in the pulse in different stages of the paroxysm. 2nd "The respiration is al=so much altered. 3rd "The appetite for food upon the approach of the cold stage ceases, and does not return till the paroxysm be over. 4th "Considerable degree of thirst is commonly felt during the whole paroxysm. 5th "An alteration in the state of the secretions. And in fact all the functions are more or less disturbed. In addition to the symptoms already mentioned, as regularly attendant on a paroxysm of inter=mittent fever, we have others recorded by authors, which=

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which do not regularly occur, but only occasionally, and not as distinguishing symptoms of the disease, called Anomalous. Of the anomalous symptoms there are a great variety and number, but of these I shall only notice some of the most important. It is observed by Dr. Cleghorn and others, that the cold stage is sometimes wanting. Sometimes it accompanies only the last paroxysms, not accompanying the first. Others again remark, that even the hot stage is scarcely perceptible. And that the hot and sweating stages occur together. Neither it is said does the hot always follow the cold, the former sometimes precedes the latter. Nor does the sweating always follow the hot, the skin sometimes remains perfectly dry, during the whole paroxysm. Dr. Jackson who wrote on the fevers of Jamaica, declares that some cases went off by ~~sweat~~ urine or stool instead of sweat. Other anomalous cases of this fever, are those in which the paroxysm or some of its stages, are confined to particular parts of the body. It is observed that the fever sometimes seizes on one member only, for instance the arm, and —

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=and sometimes confined to one half of the head.
Again it is observed by Dr. Alighorn "that sometimes one or two symptoms of the fit predominate with such violence, that the rest are obscured or altogether eclipsed hence we so frequently meet with hemicranias, cholera, dysenteries, and chincough returning regularly at stated periods". Many more varieties might be collected from the writings of the Medical profession. But I consider it unnecessary to multiply quotations, as we have here a sufficiency to satisfy us of their occasional appearance, and of the danger that might arise from a total ignorance of their possible existence.
As the time contained between the commencement of one paroxysm, and that of another, varies ~~in different~~ in different individuals, and in the same person at different periods, various appellations have been given to this fever. Thus when it is twenty four hours long it is called Quotidian, When forty eight hours, Tertian, and When twenty two hours Quartan, Of these periods there are many varieties as the double tertian &c. This=

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This fever is also recorded to have recurred after much longer intervals as five, six, or eleven days. I myself knew one case in the Pennsylvania Hospital that recurred every seventh day. Thus we have described the principal phenomena which characterize this species of fever.

Remote Causes. In considering the remote causes of intermittents, it has been usual to divide them into predisposing and exciting causes. The first or predisposing are such as act by preparing the system for the more direct action of the exciting causes. The exciting are all powers capable of inducing debility of the system. As excessive heat, a cold damp atmosphere, a poor and scanty diet, or gluttony, an abuse of fermented liquors, too much exercise, or habitual indolence, bad clothing, strong passions, long watchings, the habitual use of irritating medicines, particularly strong purges, and whatever else is received into the body and tends to disorder it. An improper use of the warm or cold bath, suppressed sweats or eruptions. The increasing of any habitual discharge, constitute the most im=

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=important. These various causes acting singly or in connection deprive nature of her allotted defence against her ever ready enemies, the numerous poison=ous effluvia which exist and are continually generating in the surrounding atmosphere. Some of the above and perhaps all are considered by many as the predis=posing as well as exciting causes. Of the truth of this position some doubt has existed and has produced some controversy. Among the predisposing causes there appears to be one that is universally admitted viz The effluvia arising from putrid vegetable matter known by the appellation of Marsh Miasmata. The nature of which however we are altogether ignorant of, as well as the mode and part on which it acts on the system, and produces its morbid effects. Chemical ingenuity has been exhausted in vain, in endeavouring to analyse and point out its poisonous principle. Nor has the scalpel of the anatomist been attended with more success in discovering the organ or part on which it acts. This disease leaving no trace to=

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to be discovered by dissection. Though many dissections in the disease have shewn the existence of various morbid conditions, which should however be considered as the consequence, and not the proximate cause of the disease such as obstructions and indurations of the different viscera, inflammations &c. All to be considered as the effects together with its complication with other diseases. Thus have I given in as short and intelligible a manner as possible, the definition, Symptoms predisposing and exciting causes of intermitting fever And now shall proceed to the consideration of the treatment and modus operandi of certain medicines in the cure of this disease. Treatment. This is divided naturally into that which is applicable during the pyresia and that during the apyresia. We will first attend to that applicable to the different stages of a paroxysm, together with the various indications that may present themselves during a paroxysm. Called to a patient in the cold stage of the first, second or third paroxysm, no-

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no remedies having been administered, attended by nausea and uneasiness of the stomach, disposition to vomit, tongue more or less furred, bitter taste, and dull heavy sensations of the head, all which indicate the existence of bile, an Emetic should be immediately administered, by the operation of which we relieve the stomach of a load of irritating and offensive matter, which if permitted to remain must necessarily increase as well as prolong the violence of the succeeding stages of the paroxysm.

This is not the only advantage that would ensue from the exhibition of an emetic at this period of the disease. It will frequently remove the cold stage altogether, and prevent the occurrence of the warm or hot stage, as well by the alterative and strong impression made on the stomach and through it on the system, as by inducing perspiration and thereby preventing the occurrence of the spasm of the extreme vessels, or if it should exist remove it by the relaxing power of Emetics.

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But if vomiting should occur spontaneously, all that will be necessary for us to do, will be to assist the operation of nature by administering warm beverages, and in this way wash out the stomach. I am aware that there exists great opposition to the use of Emetics at this stage of the disease, But to this objection I shall observe that nature cries aloud for the remedy, declaring the utility and propriety of the practice, by making an effort herself to get rid of the offending matter the same way. As a general rule if we adopt nature as our guide in the treatment of disease, we shall seldom err.

If we find the patient without the symptoms indicating the presence of offending or irritating matter in the stomach, having been previously evacuated either by an Emetic or Cathartic. our object will be to remove the cold stage as soon as possible, by exhibiting warm drinks, such as are palatable, placing the patient in a warm bed, applying to the

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=to the feet, legs and body heated bricks, or bottles filled with boiling water, or bags of heated sand, salt, or ashes. Opium has been recommended in this stage of the paroxysm and originated with Doctor Trotter, who gave twenty or thirty drops of Laudanum at the commencement of the cold stage, and thought it would arrest the paroxysm altogether. Doctor Chapman justly remarks that the dose is too small for a majority of cases, he supposes, forty or fifty drops to be the proper quantity.

About two years since during the absence of my preceptor, I visited one of his patients (a merchant in the Town of St Louis) who had had several paroxysms of ague and fever, and who had been under the tonic treatment, taking the peruvian bark and wine to a considerable extent, so far as the state of his stomach would admit, notwithstanding which however at the usual period of its return, being of the Quotidian form, the symptoms of an approaching paroxysm made their appearance, as stretching-

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languor, yawning, purple colour of the nails, blue lips and coldness of the extremities, At this moment I called on him, and was asked to prescribe, upon which request, having a vial of Laudanum with me, I administered Sixty drops, believing that the impression to be made should be immediate and forcible. The narcotic power instead of the stimulating property acting, he covered up in bed, went to sleep, every symptom subsiding, and in the most happy manner, he from that time became convalescent.

The hot stage having followed the cold, the indication is to moderate the violence of reaction. This is to be fulfilled in the following way. 1st. If constipation of the bowels should exist or large accumulations of offensive matter be present in the intestines, we should remove the condition by administering a cathartic. If this should not be the case and a soluble state of the bowels exists, we are next called upon to diminish the vi=

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violence of febrile action, by administering refrigerant and diaphoretic remedies, such as the saline mixture, Spir. Mindererii &c. together with an exposure to the cold air, or applications of cold water to the extremities and head. These cold applications are only to be used when the skin is hot and dry, when thus used they are followed by the most agreeable and delightful sensations, affording the patient much relief and satisfaction.

When sweating is induced, all that is then indicated is to continue the sweat by confining the patient to his bed, until it shall have fully passed off. If however the patient should be thirsty, he may be allowed some weak wine whey, barley water, or any other mild diluent.

Thus should the different stages of a paroxysm of intermittent fever, as it ordinarily occurs, be treated. But as this must be in a great measure palliative, or preparatory to the treatment during apyrexia, it is not so important as that wd.

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which is to follow, and upon which the permanent cure of the patient depends,

In reflecting upon the treatment of the apyrexia or total cessation of the febrile symptoms, we are led to the inquiry. How or in what way do Medicines operate? or in medical language. What is the Modus Operandi of Medicines in preventing a recurrence of the paroxysm and thereby curing the disease? This question if clearly solved would remove many difficulties which now embarrass & perplex the practitioner in his endeavours to cure the ague. But unfortunately here like in almost every other species of disease, we are extremely unenlightened, and had almost said altogether ignorant of their mode of curing disease. But are we thus quietly to acknowledge our ignorance and pursue the same old trodden path of empyricism, experimenting with new Medicines and applications to the body, until natures stores are exhausted, there scarcely remaining

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one article either in the animal, vegetable or mineral kingdoms, that offered the least prospect of success but what has been tried either by regularly or by irregularly bred practitioners, without once enquiring into the cause of such a variety of articles, as have been experimented with and declared successful.

If therefore what I have stated be found in truth, I would beg leave with much diffidence and respect to make an attempt to solve the question and thereby remove the necessity of farther experimenting on suffering humanity, in order to discover some one remedy that shall prove universally successful, which every enlightened physician, must be conscious can never be found, since there are scarcely two persons under the influence of the disease, who are affected in every circumstance, precisely alike, owing either to some idiosincracy of constitution or peculiarity of climate or situation of the individual, which would modify the operation of the medicine used. When

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When we take a review of the articles recorded as successful in the treatment of intermittent fever, we shall find them characterized by qualities either Tonic, Stimulant or Narcotic. Again when we revert back to the predisposing and exciting causes we find them all inducing a similar condition of the system viz: debility, and also when we recollect that the disease in its advanced stages is prolonged by habit, and considering the debility of the system as essential to the existence of the disease, without which the Marsh effluvia and other remote causes would be unable to act, We very naturally draw the conclusion, that the tonics act by permanently removing the debility, the stimulants by removing or counteracting present debility, by exciting & continuing for a time increased energy of all the functions. And in the last place that the Narcotics cure by inducing a new diseased action, and thereby destroy the chain of perverted associations, to which together with debility the disease appears to-

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-to owe its existence, after having been continued for any length of time.

It will scarcely be requisite for me to enumerate the various articles that have been used to remove the disease, in order to demonstrate that they possess in general the qualities above stated, but merely draw the conclusion that such is the fact. An inquiry of this kind would lead me into an extensive field of investigation, that could possibly result in no material advantage. Every one who is at all familiar with the immense number and variety of the remedies laid under tribute in the cure of this disease, must be sensible of the correctness of the remark & the justness of the statement.

If therefore the disease depends upon debility and perverted associations of the system, (this I presume no one will pretend to deny,) and that the remedies are characterized by the peculiarities of tonic, stimulant and narcotic properties, we cannot avoid drawing the corollary that-

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that the cure is owing to these qualities, and that the Modus Operandi of Medicine consists in invigorating and accelerating enfeebled action and interrupting morbid concatenations.

If this be really the Modus Operandi of Medicines in the cure of this affection, might not the question be asked with propriety, Why are such unnatural expedients resorted to by Practitioners of the present day? as for example applying tourniquets to the extremities, in order to concentrate and increase the quantity of blood in the vital organs, and thereby give tone and increased action to those organs which previous to the coming on and during the cold stage are marked by decreased action, when we have so many remedies which will so much more certainly and effectually induce this state of the system. If it does not proceed from false views of the operation of Medicines, I am altogether at a loss to understand the object of such vain procedure. However this is transcending my proper limits and altogether without my -

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-my province, criticism would come better from a member of the medical profession who would have a legitimate right to criticise the practice of the brother-hood which I have not.

I shall now proceed to the consideration of the treatment applicable to the apyrexia of intermittent fever, as founded on the above reasoning of the operation of medicine, and experience of its success.

I shall first consider those intended to give tone to the system and then those suited to increase the action of the heart and arteries, and through them the whole system, immediately preceding the accession of the cold stage. Of the first class the Peruvian Bark, justly maintains a decided superiority. Considerable diversity of opinion has existed, relative to the time, mode, and the condition of the system, in which it should be administered. It was the opinion of Boerhaave, Van Swieten and Sydenham, that the occurrence of a number of paroxysms was necessary to throw off morbific matter upon which the disease depended. Al-

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Although this was the opinion of those highly celebrated men, subsequent practice and experience have proven it to be founded in error. the practice of modern times being diametrically opposite. The earlier the bark is administered the more speedy and successful the cure. However previous to the exhibition of the bark, the stomach and bowels should be prepared for its reception. As a general rule we find the alimentary canal more or less disordered, and requiring for its restoration the administration either of an Emetic or Cathartic and perhaps both. But if as before directed when recommending the proper remedies in the pyrexia, we have given them, the necessity for their use will have been removed. And we shall by giving them during the paroxysm gain time, as well as the other advantages enumerated, if we leave the administration of them to the apyrexia, we lose time and endanger the recurrence of a paroxysm and of course prolong the disease.

The system undergoing the necessary prepara=

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-tion, we may commence if possible with the use of the bark immediately after the first paroxysm, with the most salutary effects. Nature being thus promptly assisted will require much less aid from art, her powers having been only partially and comparatively speaking slightly exhausted. She is enabled with very little assistance to contend with and overcome her antagonist. But if the disease is permitted to repeat his attacks, her power is diminished and requires a proportionable increase of foreign aid, and consequently more difficulty will be encountered in overcoming the disease, with increased uncertainty of success.

The condition of the system may be such as to prohibit the use of the bark, there may exist an inflammatory diathesis or visceral obstructions. The former to be overcome by the cautious use of the lancet. The latter if not attended with inflammatory symptoms should not prohibit the use of bark. But when acute pains are seated in the obstructed viscera, the bark will prove mischiev-

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-ous, and we must postpone the use of it, and resort to slight salivation, a blister applied to the painful part, and if the pain should indicate much and active inflammation, we must not overlook the use of bene-section. These irregularities being removed by the above remedies, we may then use with much advantage the bark, either to remove the intermit-ting fever if not done by the treatment of the obstruc-tion, or to prevent a relapse if convalescent.

The precise time when the bark should be admin-istered, has produced some debate. Dr. Cullen advi-ses the administration of it, immediately preced-ing the paroxysm. Dr. Clark and others advise their use to be continued whether there exist febrile symptoms or not. If we were to reason here we should conclude that the first is improper, in as much as it would aggravate the paroxysm, it be-ing very close in its effects, the paroxysm would be permitted to come on, before the bark could make any durable impression, and consequently would-

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would merely act as an irritant, and increase thereby the violence of reaction, And the second would seem to be adding fuel to a fire already too abundantly supplied. But to reason upon the practice of others is indelicate and therefore I leave the contest, stating the mode I think best calculated to produce the desired object. The bark should be administered as soon after the cessation of the paroxysm as possible and continued in repeated doses until within a short time of the period when the ensuing paroxysm is calculated on returning. the treatment then I shall hereafter point out. The dose of the pulverised bark should not be less than one drachm every hour. or as often and as much as the stomach will bear.

It is said that in the West Indies the Physicians advise it in the dose of an ounce taken early in the morning, and to give no more until the ensuing morning.

Dr. Chapman considers milk as the best vehicle-

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The wine has been that which I have been used and used with success. Combining one drachm of the bark with one ounce of Madeira, or some other wine and taken at one dose. But it sometimes happens that the patient from great irritability of the stomach or from some peculiarity or other, cannot take the bark in substance, then we must substitute the infusion or decoction, taking care to administer as much of either preparation, whe: ever we may chuse, as the stomach can be made to retain without inducing nausea or unpleasant symptoms. We should be thus liberal in our use of these preparations, because if administered parsimoniously they will have little or no substantial effect, being not near so efficacious as the bark in substance.

There are some other modes in which the bark is used, as in the form of injection, applied to the surface of the body stitched in a jacket of double flannel and moistened with wine, or as Dr. Darwin advises the sheets of the patients bed to be sprinkled with bark.

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I have seen the bark jackets used but neither of the other modes. It will be advisable to unite sometimes with the bark in order to make it more effectual and induce the stomach to retain it, some aromatic, as cloves, cinnamon, or orange peel. The virginia Snake root is sometimes added with the best effects. Combinations of this kind render the removal of the disease easy, where the bark alone had proved ineffectual. The bark sometimes will produce certain conditions of the system which will require correction, viz: It will occasionally purge which must be met by combining opium with it, or it may produce constipation, it is then necessary to combine it with Rhubarb. Sometimes much acid may exist in the stomach, we should then unite with it Magnesia or an alkali.

Notwithstanding the various modes in which the bark has been recommended and administered, yet cases will sometimes occur in which it proves altogether ineffectual. We are then compelled=

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=to resort to some other of the Tonics. A combina=
=tion of several of them may be considered as next in
point of efficacy to the Peruvian bark. And is
prepared in the following manner. ℞. Rad: Serpen=
=taria berg: ℥ss. Rad: Columbo ℥ss. Rad: Gentian ℥ss
Quassia shavings ʒii. Madeira wine ℔ij digest for sever=
=al days, and filter. The patient to take of the Tincture
one table spoonful or half an ounce every hour diluted
with a little water.

Much has been said of the efficacy of the arsenic
preparations. Some trials were made with it by my
preceptor, but proving ineffectual he abandoned
it altogether.

I might proceed to a very considerable length, if
I were to examine and give the mode of administra=
=tion of all the remaining tonics. But in doing
so I should unavoidably be compelled to merely
repeat the same observations which have been
made by others. And as the remedies spoken of
above, with a few exceptions, of the occasional use=

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-use of some of the other tonics. When combined with the treatment I am about to describe as applicable to the period just preceeding the cold stage, have invariably cured the disease, I consider it altogether unnecessary for me to trouble those who may honour me with a perusal of this production, with an useless prolongation of it.

In describing the treatment as applicable to the period immediately preceeding the commencement of a paroxysm of the disease, I would wish it understood that it is that adopted by my preceptor, and of the efficacy of which I have fully satisfied myself by observation and by practice.

The patient being directed to take of the bark or such other tonics as his particular case may require, and ~~[illegible]~~ cautioned against the use of fruits and such vegetables as distend and produce flatulence of the stomach and bowels, without affording the necessary quantity of nutriment, confining him to the use of farinaceous and animal diet, in small-

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-quantities and frequently repeated, so that the stomach shall not be rendered uneasy by too great a quantity, nor debilitated by too long fasting.

And as before stated the system being prepared for the reception of the bark, by the use either of Emetics or Cathartics, we next proceed by commencing two hours previous to the anticipa-
-ted period of its return, with the administration of such medicines, as shall induce an increased vigour as well as action of all the functions, wch. are to be kept up, until after the period at which the cold stage should come on.

But in proceeding with the treatment it must be recollected that incitants administered should not be so violent as to induce fever, but an ac-
-tion only sufficient to prevent that depressed condition which precedes the paroxysm. And wch. may be considered the first link to which all the other links of morbid association owe their ori-
-gin and existence.

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I say the incitants must not be so great as to induce fever, because in so doing we inevitably bring on a debilitated state of the system, which will in some measure interfere with the speedy restoration of strength and vigour, upon which depends the only certain security against the return of a paroxysm, as long as there exists a state of debility, the slightest and most trifling causes will induce a relapse, more obstinate and difficult of removal than the primary attack.

Many incitants have been recommended and used both by Physicians and by the populace with occasional success. The prescription wch my preceptor used for a number of years and with success, consists in a combination of Camphor and Opium. XVI or XVIII gr of the former to iii gr of the latter, united and divided into three equal portions, ~~one~~ one given two hours previous to the attack, another one hour after the first, and the third half an hour after the second, before-

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administering the powders the patient is to be placed in a warm bed and kept there and quiet for at least two hours after the period at which the paroxysm should return. This prescription slightly increases the action of the heart and arteries, induces warmth over the whole system, perspiration and sometimes sleep. As soon as the effects of this medicine have in some measure subsided, we are to commence with the bark and other tonics. But I must observe what should have been made before, that when we commence with the use of the powders, we should discontinue the use of the bark.

I might illustrate the practice much farther but I conceive enough has been said to give the reader a correct idea of the practice, and shall conclude by giving the history of a case as illustrative of the efficacy of the practice.

Called to a boatman in the fall of the year 1817 under the influence of the disease, having-

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had several paroxysms of the double tertian form that is having a paroxysm every day, the alternate paroxysms alike. I found him in the hot stage of a paroxysm, with headache, pains in the loins and knees, furred tongue, bitter taste in the mouth, hot skin &c. Symptoms indicating a bilious state of the system. Tart: Emetic was administered for the purpose of evacuating the stomach and relaxing the skin and inducing perspiration, much bile was thrown from the stomach, and considerable relief given to the head. This was given in the afternoon of the day. At night a dose of calomel was exhibited and worked off next morning with jalap. The paroxysm returned this day at the hour of twelve. The patient placed in bed and covered warm, when the hot stage came on the refrigerants given. Next morning commenced early with the exhibition of the peruvian bark, but the paroxysm came on at nine o clock, and the same practice pursued as

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=as the day before. Discovering the form of the fever to be of the double tertian, both from the history given by the patient of the attacks previous to my seeing him, and what I had seen myself. I determined to meet its next day with my preceptors practice, accordingly next morning the patient was directed to commence with the bark and wine, at an early hour, and to continue taking the same, in the quantity of a teaspoonful or ℥i of the former to one ounce of the latter every hour, until ten o'clock, at which time he commenced with the Camphor & Opium powders as before described. No return of the paroxysm this day. Next morning in order to meet the 9 o'clock attack the powders were exhibited at seven o'clock, with the same results. The third day the same prescription, and the patient having continued taking the bark during the intervals, this dose being of a good quality, had no more returns of the fever and soon was quite restored. —